

High School Video Contest MassRIDES 211 Congress Street Suite 210 Boston, MA 02110

School Information

The enclosed registration form must be submitted and signed by a school official (parent/guardian in the case of a homeschooled student) and should be emailed upon sending any video submissions.

Address:			
City, State, Zip co	ode:		
Principal's Name	:		
Phone Number:			
Phone Number:			
		Video Information	
Title of Video:			
, ,		rledging that the work on this video is ny samples, concepts, etc.	your own (or joint work with the
	Names o	f participating students (up to five on one	team)
	Print name	Grade Level (as of 9/2015)	Signature
Student # 1:			
Student # 3:			
Student # 5:			

Please return this registration form to Keith Doty at Keith.Doty@dot.state.ma.us or

211 Congress Street, Suite 210 Boston, MA 02110 no later than Friday,



School Name: ___